

AUGUSTA HISTORIC PRESERVATION COMMISSION

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Applicant Name: _____ Phone: _____

Address: _____

Property Owner's Name: _____ Phone: _____

Address: _____

PROPERTY DESCRIPTION:

Location: _____

Tax Map & Parcel #: _____ Zoning: _____

TYPE OF PROJECT:

___ Demolition ___ New Construction ___ Rehabilitation ___ Addition ___ Relocation ___ Other

PROJECT DESCRIPTION:

PROPOSED WORK:

Please refer to the attached checklist to determine what information to submit for the project being proposed. It is in the interest of both the applicant and the Historic Preservation Commission that all required information be submitted. Lack of information will delay review of the application.

SIGNATURE OF APPLICANT:

DATE RECEIVED: _____ DATE REVIEWED: _____

APPLICATION # _____ APPROVED _____ DENIED _____

**NOTE: APPLICATION IS VOID IF WORK NOT STARTED WITHIN SIX (6) MONTHS OF
APPROVAL DATE**